

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42493

State File No. 10317

FILED DEC 18 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4549 Pershing Ave.		d. STREET ADDRESS (If rural, give location) 4549 Pershing Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) CLIFFORD c. (Last) KURRUS		4. DATE OF DEATH (Month) Dec. (Day) 3, (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1903
9. AGE (In years last birthday) 47		10. AGE (In years last birthday) 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Frank A. Clifford		13b. MOTHER'S MAIDEN NAME Georgia McAdams	
14. NAME OF HUSBAND OR WIFE Albert B. Kurrus		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. L. Foyt - East St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast, right  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 months	
19a. DATE OF OPERATION February 2, 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma of right breast with metastases.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		170X	
22. I hereby certify that I attended the deceased from April 21, 1949, to December 2, 1950, that I last saw the deceased alive on Dec. 2, 1950, and that death occurred at 12:30am., from the causes and on the date stated above.			
23a. SIGNATURE H. Baungartner - MD		23b. ADDRESS 3720 Washington Blvd., St. Louis	
23c. DATE SIGNED 12/4/50		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE Dec. 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
24d. LOCATION (City, town, or county) (State) Belleville, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE E. S. Harris	
DATE REC'D BY LOCAL DEC 4 1950		REGISTRAR'S SIGNATURE J. B. Pasater	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3162

P. O. Address E. St. Louis Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.